

## Guidelines for Application to the Professional Renewal Leave (PRL) Program

#### Description

The Professional Renewal Leave Program (PRL) provides the opportunity for professional revitalization and development to a limited number of Laboratory managers or Technical Staff Members who have made outstanding contributions to Laboratory efforts.

#### **Eligibility**

To be eligible for PRL the candidate must:

- Be a regular full-time exempt employee,
- Have made outstanding contributions to Laboratory efforts, and
- Have a workable plan of research or other activity that is relevant to a Laboratory program and to the candidate's expertise.

#### Length of Leave

The External PRL shall not exceed 6 months.

Contact: Yolanda Sanchez, HR-5 Staffing Services Group, 665-2430, MS P290

#### **How to Apply**

Application forms are available from HR-5 Staffing Services Group.

The necessary approvals for the Professional Renewal Leave (PRL) are the cognizant Group Leader and Division Director. HR-5 Staffing Services Group coordinates the final details of the leave and furnishes the employee with needed information.

Laboratory policy for the Professional Renewal Leave Program (PRL) can be found in Section 412 of the Administrative Manual.

# Professional Renewal Leave (PRL) Program Application

# (Please type)

1.	Name	Gr	oup	Division MS						
	Z#	Phone								
	Indicate dates of continuous, regular, full-time employment at the Laboratory.									
2.	State name(s) and address(s) arrangements have been made		n(s) and the perso	on(s) with whom						
3.	State the specific dates for the	PRL.								
4.	Have you been on a previous F	PRL? If yes, sta	ate dates and plac	ce where you visited.						

(	State description of work/research to be performed during the PRL.
	State the immediate and long-range benefits expected to accrue to a specific _aboratory program.
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٠	State the professional benefit that the leave is expected to bring to you.

8.	A statement of your intention to return to work at the Laboratory after completion of your leave is required. You may sign the statement (below) or provide an alternative signed statement of your own. If an alternative statement is given, cross out the suggested words and use the space provided on the following page.								
	"I intend to return to work at the Laborato Renewal Leave, thereby, ensuring a return to	•							
	Alternative Statement:								
	Analisa antis Oliva atoma	Data							
	Applicant's Signature	Date							
	Attach Invitation/Agreement Lett	er from Host Institute							

## **Group Leader**

9.	Provide an evaluation of the participant's request in view of the purpose of the program eligibility, and benefit to the Laboratory/DOE programs.										
			G	roup	Leade	er Re	com	mendat	ion		
	signature indicecommend the			ı hav	e discu	ıssed	the a	above q	uestions	with the P	RL applican
					Yes			No			
Group	Leader Sign	ature							Da	ate	
				Div	rision [	Direct	or A	pprova	I		
			Yes			No					
	on Leader Sig										